

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587642

FILING DATE

23 MAY 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
9			/		/	
10			/		/	
11			/		/	
12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.			5		6	
TOTAL DEP.			43		40	
TOTAL CLAIMS			48		46	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						